Cracking Up

For those living with HIV, keeping bones strong means taking no breaks.

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Recent findings show that low bone mineral density, or osteopenia, and fragility fractures from low-height falls occur more frequently in people living with HIV.

Studies show that HIV-positive people are 60 percent more likely to suffer a spine, hip, or wrist fracture. Is it the virus that causes the bones to lose minerals, or is it antiretroviral (ARV) treatment that creates this problem? Doctors don't yet know the answer.

But what's known is that in the first two years after beginning ARVs, people tend to lose between 2 and 6 percent of their bone mineral density. Although you may not give your bones a second thought, this rock-hard living tissue is what allows the body to retain its structure. Without bones, notes one online biology encyclopedia, our bodies would "just collapse like a big glob of jelly."

The importance of our bones may be what prompted health experts to generate improved guidelines for people living with HIV, especially those moving into middle age. The guidelines suggest this population group undergo a standardized program of screening, monitoring and management to minimize or prevent bone fractures.

The program includes DEXA screening of men age 50 and older and postmenopausal women, who are at high risk of fragility fractures. In addition, the guidelines suggest that men ages 40 to 49, and premenopausal women ages 40 and older, get assessed every two to three years for fracture risks using a scoring system based on their lifestyle and medical history.

But doctors also suggest that people living with HIV should exercise regularly, not smoke, reduce their alcohol intake and get an evaluation of their ARV regimen if they already suffer from osteoporosis (extremely thin bones).

What's more, including fruits and veggies, calcium-rich foods and enough vitamin D in the diet are smart moves that can make a big difference in keeping the bones of those living with HIV strong for life.

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